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## United States Bankruptcy Court District of Puerto Rico, San Juan Division

IN RE:		Case No
CASTRO GONZALEZ, JOSE MANUEL		Chapter 13
	Debtor(s)	•
	VERIFICATION OF CREDITOR MATE	IX
The above named debtor(s) hereby ve	erify(ies) that the attached matrix listing creditors	s is true to the best of my(our) knowledge.
Date: February 14, 2020	Signature: /s/ JOSE MANUEL CASTRO GONZA	<i>NLEZ</i>
	JOSE MANUEL CASTRO GONZALE	<b>Z</b> Debtor
Date:	Signature:	
		Joint Debtor, if any

AT&T Mobility PO Box 537104 Atlanta, GA 30353-7104

Aura de Puerto Rico Corp Urb Santa Ana L7 10 Street Vega Alta, PR 00962

Claro PO Box 360998 San Juan, PR 00936-0998

Coop A/C Saulo D. Rodriguez (Gura Coop)
PO Box 678
Gurabo, PR 00778-0678

Empresas Berrios Inc PO Box 674 Cidra, PR 00739-0674

Gura Coop PO Box 678 Gurabo, PR 00778-0678

Island Finance PO Box 71504 San Juan, PR 00936-8604 Pentagon Federal Cr Un 1001 N Fairfax St Alexandria, VA 22314-1797

Toyota Motor Credit Co PO Box 9786 Cedar Rapids, IA 52409-0004

United Consumer Finl S 865 Bassett Rd Westlake, OH 44145-1142

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#### **United States Bankruptcy Court** District of Puerto Rico, San Juan Division

IN RE:	Case No.	
CASTRO GONZALEZ, JOSE MANUEL  Debtor(s)	Chapter <b>13</b>	
CERTIFICATION OF	NOTICE TO CONSUMER DEBTOR(S) O) OF THE BANKRUPTCY CODE	
Certificate of [Non-A	Attorney] Bankruptcy Petition Preparer	
I, the [non-attorney] bankruptcy petition preparer signing notice, as required by § 342(b) of the Bankruptcy Code.	g the debtor's petition, hereby certify that I delivered to the deb	tor the attached
Printed Name and title, if any, of Bankruptcy Petition ProAddress:	petition preparer is not an in the Social Security number principal, responsible perso the bankruptcy petition preparer is not an in the Social Security number principal, responsible perso	ndividual, state of the officer, n, or partner of parer.)
x	(Required by 11 U.S.C. § 1	10.)
Signature of Bankruptcy Petition Preparer of officer, prin partner whose Social Security number is provided above		
Ce	rtificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received an	d read the attached notice, as required by § 342(b) of the Banks	ruptcy Code.
CASTRO GONZALEZ, JOSE MANUEL	X /s/ JOSE MANUEL CASTRO GONZALEZ	2/14/2020
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)		
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF PUERTO RICO, SAN JUAN DIVISION	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a J	oint Case):
1.	Your full name			
	Write the name that is on	JOSE		
	your government-issued picture identification (for	First name	First name	
	example, your driver's	MANUEL		
	license or passport).	Middle name	Middle name	
	Bring your picture	_ CASTRO GONZALEZ		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	_
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4472		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	CELADA WARD R183 R943 KM 23 H8	If Debtor 2 lives at a different address:
		GURABO, PR 00778  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Gurabo County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  HC03 BOX 4575	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

pending or being filed by a spouse who is not filing Yes. this case with you, or by a business partner, or by an affiliate?

Relationship to you Debtor District When Case number, if known Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Deb	tor 1 CASTRO GONZAL	_EZ, JOS	E MAN	JEL	Case number (if known)
Par	Report About Any Bu	sinesses \	ou Own	as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numb	oer, Street, City, Stat	te & ZIP Code
	separate sheet and attach it to this petition.		Chec	k the appropriate box	x to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	. If you in s, cash-flo	dicate that you are a ow statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of	☐ Yes.			
	imminent and identifiable hazard to public health or		What is	the hazard?	
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	

Number, Street, City, State & Zip Code

#### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

☐ Incapacity.

credit counseling because of:

I have a mental illness or a mental deficiency that makes me incapable of realizing or makinç rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse Only in a Joint	Case)
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You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 CASTRO GONZAI	LEZ, JOSI	MANUEL	Case number	er (if known)
Par	t 6: Answer These Questi	ons for Rep	oorting Purposes		
16.	What kind of debts do you have?			sumer debts? Consumer debts are definal, family, or household purpose."	ed in 11 U.S.C.§ 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
				iness debts? Business debts are debts the through the operation of the business or in	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe	that are not consumer debts or business of	debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7	. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			you estimate that after any exempt propert to distribute to unsecured creditors?	y is excluded and administrative expenses are
	administrative expenses are paid that funds will be		□ No		
	available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	<u>25,001-50,000</u>
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000
		□ 100-19 □ 200-99		<b>L</b> 10,001-23,000	Li More marriou,000
19.	How much do you estimate your assets to	\$0 - \$5		□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	be worth?		1 - \$100,000 01 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities to	<b>\$0 - \$5</b>	•	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	be?		01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have exa	mined this petition, and I declare	e under penalty of perjury that the informati	on provided is true and correct.
				am aware that I may proceed, if eligible, ble under each chapter, and I choose to pr	under Chapter 7, 11,12, or 13 of title 11, Uniteroceed under Chapter 7.
			ney represents me and I did not need and read the notice required		n attorney to help me fill out this document, I
		I request r	elief in accordance with the cha	apter of title 11, United States Code, spec	cified in this petition.
		case can r		r imprisonment for up to 20 years, or both.	roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		JOSE M	ANUEL CASTRO GONZA of Debtor 1		r 2
		Executed	on February 14, 2020	Executed on	
			MM / DD / YYYY	MN	I / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Roberto Figueroa-Carrasquillo	Date	February 14, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
Roberto Figueroa-Carrasquillo		
Printed name		
RFigueroa Carrasquillo Law Office PSC		
Firm name		
PO Box 186		
Caguas, PR 00726-0186		
Number, Street, City, State & ZIP Code		
Contact phone (787) 744-7699	Email address	rfc@rfigueroalaw.com
USDC 203614		
Bar number & State		

Fill in th	is information to	identify your case	and th	nis filing:			
Debtor 1	JOSE MAN	UEL CASTRO G	ONZA	LEZ			
Balance	First Name	Middl	e Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	e Name	Last Name			
United States Ba	inkruptcy Court for	r the: DISTRICT	OF PU	ERTO RICO, SAN JUAN DIVISION			
Case number _							Check if this is an
							amended filing
Official Fo	rm 106A/F	3					
	e A/B: P	_					12/15
In each category, s think it fits best. B information. If mor Answer every ques	separately list and one as complete and e space is needed, stion.	lescribe items. List a accurate as possibl attach a separate sl	e. If two neet to t	only once. If an asset fits in more than one of married people are filing together, both are enis form. On the top of any additional pages,	qually responsib	le for supply	ring correct
				Estate You Own or Have an Interest In			
1. Do you own or h	have any legal or ed	quitable interest in a	ny resid	ence, building, land, or similar property?			
☐ No. Go to Par	rt 2.						
Yes. Where i	s the property?						
1.1			Wha	t is the property? Check all that apply			
051.454	WARD B400 B	0.40 1/84 00 110		Single-family home			s or exemptions. Put
	WARD R183 R			Duplex or multi-unit building			aims on Schedule D: Secured by Property.
,	,			Condominium or cooperative			
				Manufactured or mobile home	Current value of	of the (	Current value of the
GURABO		00778			entire property	? r	oortion you own?
City	State	ZIP Code		Investment property Timeshare	\$87,0	00.00	\$21,750.00
							r ownership interest by by the entireties, or
			_	has an interest in the property? Check one	a life estate), if		·oct
					1/4th hered	itary inter	621
County							
				At least one of the debtors and another	☐ Check if the (see instruction		unity property
				er information you wish to add about this iten erty identification number:	n, such as local		
				otor has 1/4th inheritance interest i	n property pi	eviously	owned by
			Suc	cesion Castro and Sucesion Gonza	lez; the prop	erty is reg	gistered at
				Property Registry under the name otor; this property is located at Cel			
			Roa	ad 183 Road 943 K23 H8 Gurabo P	uerto Rico; th	is real pr	operty
				sists of three housing units: two ( er unit where the Debtor resides w			
				er unit where the Debtor resides w hroom, kitchen and dining room; e			
				87,000/4 = \$21,750 (the Debtor's in			
		ortion you own for		our entries from Part 1, including any e	ntries for pages	s	\$21,750.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

□No				
Yes				
.1 Make:	Toyota Yaris	Who has an interest in the property? Check one		ed claims on Schedule D:
Model: Year: Approx	2015  kimate mileage:	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	Creditors Who Have Clair  Current value of the entire property?	Current value of the portion you own?
	nformation:	☐ At least one of the debtors and another		
(The this v	no VNKJTUD3XFA023903 Debtor's cousin is using rehicle and making current tents to its car loan with red creditor Toyota ncial).	☐ Check if this is community property (see instructions)	\$7,402.00	\$7,402.00
2 Make:	Lexus RX 350 4WD	Who has an interest in the property? Check one		ed claims on Schedule D:
	2009  kimate mileage:  nformation:	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	niormalion:			
VIN n  Watercraft  Examples:	t, aircraft, motor homes, ATVs an	Check if this is community property (see instructions)  ad other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle acce		\$8,079.0
VIN n  Watercraft  Examples:  No  Yes  Add the d	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat	Check if this is community property (see instructions)  Ind other recreational vehicles, other vehicles, and sercraft, fishing vessels, snowmobiles, motorcycle acceptance.	accessories essories v entries for pages	·
VIN n  Natercraft  Examples:  No  Yes  Add the d	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat	Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle acce	accessories essories v entries for pages	\$8,079.00 \$15,481.00
VIN n  Natercraft Examples:  No Yes  Add the d you have	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat dollar value of the portion you ow attached for Part 2. Write that nuribe Your Personal and Household It	Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and the tercraft, fishing vessels, snowmobiles, motorcycle according for all of your entries from Part 2, including any number here	accessories essories  r entries for pages	
VIN n  Watercraft Examples:  No Yes  Add the d you have  t 3: Desc you own  Household Examples	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat dollar value of the portion you ow attached for Part 2. Write that nuribe Your Personal and Household It	Check if this is community property (see instructions)  Ind other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle acceptant for all of your entries from Part 2, including any number here	accessories essories  r entries for pages	\$15,481.00  Current value of the portion you own?  Do not deduct secured
VIN n  Watercraft  Examples:  No  Yes  Add the d  you have  t3: Desc  you own  Household  Examples  No	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat attached for Part 2. Write that nuribe Your Personal and Household It or have any legal or equitable into d goods and furnishings: Major appliances, furniture, linens, rescribe	Check if this is community property (see instructions)  Ind other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle accounts for all of your entries from Part 2, including any number here	accessories essories  r entries for pages	Current value of the portion you own? Do not deduct secured
VIN n  Watercraft  Examples:  No  Yes  Add the d  you have  t3: Desc  you own  Household  Examples  No	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat attached for Part 2. Write that nuribe Your Personal and Household It or have any legal or equitable into the digoods and furnishings: Major appliances, furniture, linens, rescribe	Check if this is community property (see instructions)  Ind other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle acceptants of the following items?  In for all of your entries from Part 2, including any number here	accessories essories  r entries for pages	\$15,481.00  Current value of the portion you own?  Do not deduct secured claims or exemptions.
VIN n  Watercraft  Examples:  No  Yes  Add the d  you have  t3: Desc  you own  Household  Examples  No	t, aircraft, motor homes, ATVs an Boats, trailers, motors, personal wat attached for Part 2. Write that nuribe Your Personal and Household it or have any legal or equitable into d goods and furnishings: Major appliances, furniture, linens, rescribe  Household Good (beds, sofas, take)	Check if this is community property (see instructions)  Ind other recreational vehicles, other vehicles, and itercraft, fishing vessels, snowmobiles, motorcycle accounts for all of your entries from Part 2, including any number here	accessories essories  r entries for pages	\$15,481.00  Current value of the portion you own?  Do not deduct secured claims or exemptions.

Case number (if known)

☐ No

Debtor 1

CASTRO GONZALEZ, JOSE MANUEL

Debtor 1 CASTRO C	GONZALEZ, JOSE MANUEL Case number (if known)	
Yes. Describe		
_ 100. D0001100	One (1) washing machine	\$350.00
	One (1) electric oven	\$40.00
		<u> </u>
	One (1) TV Set 40"	\$350.00
	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or be memorabilia, collectibles	aseball card collections; other
<ol> <li>Equipment for sports Examples: Sports, photinstruments</li> <li>No</li> <li>Yes. Describe</li> </ol>	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and k	ayaks; carpentry tools; musical
10. <b>Firearms</b> Examples: Pistols, rifl  No  Yes. Describe	es, shotguns, ammunition, and related equipment	
11. Clothes  Examples: Everyday o  □ No ■ Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories	
_ 100. D0001100	Clothing and personal effects	\$700.00
□ No ■ Yes. Describe	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, s  Jewelry	\$400.00
13. Non-farm animals  Examples: Dogs, cats  □ No ■ Yes. Describe	s, birds, horses	
	One (1) dog mixed race	\$20.00
14. Any other personal a ■ No □ Yes. Give specific ir	nd household items you did not already list, including any health aids you did not list	
	e of all of your entries from Part 3, including any entries for pages you have attached for imber here	\$5,360.00
Part 4: Describe Your Fina	ancial Assets	
Do you own or have any	legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	

Official Form 106A/B
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	□ No	That's maniple accounts must	the same institution, list each.	
	Yes		Institution name:	
			Coop A/C Saulo D Rodriguez (GuraCoop)	
	47	7.1 Savings Account	Account no x4248	\$10,795.10
		7.1. Savings Account	Savings and Shares	Ψ10,733.10
18	Bonds, mutual funds, or pul Examples: Bond funds, inves		e firms, money market accounts	
	■ No	anon accounts was protorag	o mino, money market associate	
	☐ Yes	Institution or issuer name	e:	
10	Non-nublicly traded stock a	nd interests in incornerates	d and unincorporated businesses, including an interest in an L	I C partnership and
19	joint venture	nu interests in incorporated	a and difficorporated businesses, including an interest in an E	LC, partilership, and
	■ No			
	$\square$ Yes. Give specific informat			
		Name of entity:	% of ownership:	
20			e and non-negotiable instruments	
			checks, promissory notes, and money orders. to someone by signing or delivering them.	
	No	ile triose you carmot transfer t	to someone by signing or delivering them.	
	☐ Yes. Give specific information	on about them		
		Issuer name:		
04	Datinament on manaism assa			
21	Retirement or pension acco Examples: Interests in IRA, E		), thrift savings accounts, or other pension or profit-sharing plans	
	■ No	- , <b>3</b> , - ( ),(-)	,,,	
	☐ Yes. List each account sepa	arately.		
	Ту	pe of account:	Institution name:	
22	Security deposits and prepa			
			ou may continue service or use from a company utilities (electric, gas, water), telecommunications companies, or oth	oro
	■ No	andiords, prepaid tent, public	utilities (electric, gas, water), telecommunications companies, or other	612
	☐ Yes		Institution name or individual:	
23	` .	riodic payment of money to yo	ou, either for life or for a number of years)	
	■ No □ Yes Issuer i	name and description.		
	100der 1	name and description.		
24			ed ABLE program, or under a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(log No	b), and 529(b)(1).		
	· · ·	on name and description. Sep	parately file the records of any interests.11 U.S.C. § 521(c):	
	100		,	
25	•	nterests in property (other t	than anything listed in line 1), and rights or powers exercisable	for your benefit
	■ No	ii aa ah aa dadhaa		
	☐ Yes. Give specific informat	lion about them		
26	Patents, copyrights, tradem		• • •	
	■ No	ames, websites, proceeds fror	m royalties and licensing agreements	
	<ul><li>No</li><li>☐ Yes. Give specific informat</li></ul>	tion about them		
	- 103. Give specific informati	non about thom		
27	Licenses, franchises, and of		e association holdings, liquor licenses, professional licenses	
	■ No	onoranie nocinaca, cooperative	o accoration moralings, liquol licenses, professional licenses	

Case number (if known)

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

Debtor 1

CASTRO GONZALEZ, JOSE MANUEL

Debtor 1	CASTRO GONZALEZ, JOSE MANUEL	Case number (if known)	
Money of	r property owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
28. <b>Tax re</b>	efunds owed to you		
■ No			
⊔ Yes	. Give specific information about them, including whether you already f	iled the returns and the tax years	
■ No	y support  nples: Past due or lump sum alimony, spousal support, child support,  Give specific information	maintenance, divorce settlement, property s	settlement
Exan ■ No	amounts someone owes you  nples: Unpaid wages, disability insurance payments, disability benefits, unpaid loans you made to someone else	sick pay, vacation pay, workers' compensati	on, Social Security benefits;
□ res	. Give specific information		
	ests in insurance policies  nples: Health, disability, or life insurance; health savings account (HSA)	); credit, homeowner's, or renter's insurance	
☐ Yes	. Name the insurance company of each policy and list its value.	Page 6 starry	0
	Company name:	Beneficiary:	Surrender or refund value:
If you died. ■ No	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurar Give specific information	nce policy, or are currently entitled to receive p	roperty because someone has
	is against third parties, whether or not you have filed a lawsuit or inples: Accidents, employment disputes, insurance claims, or rights to		
☐ Yes	s. Describe each claim		
34. Other	contingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to s	et off claims
■ No	s. Describe each claim		
35. <b>Any</b> fi ■ No	inancial assets you did not already list		
	. Give specific information		
	the dollar value of all of your entries from Part 4, including any 4. Write that number here	. 0 ,	\$10,795.10
Part 5: D	escribe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
_ `	own or have any legal or equitable interest in any business-related prop	erty?	
	Go to Part 6. Go to line 38.		
□ Yes.	GO to line 36.		
	lescribe Any Farm- and Commercial Fishing-Related Property You Own o you own or have an interest in farmland, list it in Part 1.	r Have an Interest In.	
46. <b>Do yo</b>	ou own or have any legal or equitable interest in any farm- or com	nmercial fishing-related property?	

Schedule A/B: Property

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No. Go to Part 7.
Official Form 106A/B

Deb	otor 1	CASTRO GONZALEZ, JOSE MANUEL		Case number (if known)	
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You Di	d Not List Above		
_	Examp	have other property of any kind you did not already list? les: Season tickets, country club membership			
_	■ No □ Yes. 0	Give specific information			
54.	Add th	he dollar value of all of your entries from Part 7. Write that n	umber here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$21,750.00
56.	Part 2	: Total vehicles, line 5	\$15,481.00		
57.	Part 3	: Total personal and household items, line 15	\$5,360.00		
58.	Part 4	: Total financial assets, line 36	\$10,795.10		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total <sub>I</sub>	personal property. Add lines 56 through 61	\$31,636.10	Copy personal property total	\$31,636.10
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$53,386.10

	Fill in this	information to identify	your ca	ase:				
De	ebtor 1	JOSE MANUEL C						
De	ebtor 2	First Name	M	iddle Name	L	ast Name	1	
	oouse if, filing)	First Name	Mi	iddle Name	L	ast Name		
Un	nited States Ban	kruptcy Court for the:	DISTR	ICT OF PUERTO RIC	CO, SA	AN JUAN DIVISION		
Ca	ase number							
(if k	known)							•
							J	amended filing
O.	fficial For	m 106C						
S	chedule	C: The Pro	per	ty You Cla	im	as Exempt		4/19
oro <sub>l</sub> out kno	perty you listed on and attach to this own).	on <i>Schedule A/B: Proper</i> s page as many copies o	rty(Offici of <i>Part 2:</i>	al Form 106A/B) as yo <i>Additional Page</i> as ne	our sou ecessa	r, both are equally responsible for supurce, list the property that you claim a ry. On the top of any additional pages	s exempt. If s, write your	more space is needed, fill name and case number (if
spe app fun to a	ecific dollar amo olicable statuto ids—may be un	ount as exempt. Altern ry limit. Some exempti limited in dollar amou ar amount and the val	atively, ons—su nt. Howe	you may claim the fu ich as those for healt ever, if you claim an o	ıll fair th aid: exemp	unt of the exemption you claim. O market value of the property bein s, rights to receive certain benefit otion of 100% of fair market value because that amount, your exemption of the property of the control of the property	g exempte s, and tax-e under a lav	d up to the amount of any exempt retirement v that limits the exemptior
Pa	art 1: Identify	the Property You Clai	m as Ex	empt				
1.	Which set of e	exemptions are you cla	iming?	Check one only, even	if you	r spouse is filing with you.		
	☐ You are clai	ming state and federal no	onbankru	ptcy exemptions. 11	U.S.C	. § 522(b)(3)		
	You are clai	ming federal exemptions	. 11 U.S	S.C. § 522(b)(2)				
2.	For any prope	erty you list on Schedu	ıle A/B <b>ti</b>	hat you claim as exe	mpt, f	ill in the information below.		
		n of the property and line nat lists this property	on	Current value of the portion you own  Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific la	ws that allow exemption
				Schedule A/B	_	<b>204 750 00</b>	11 USC	§ 522(d)(1)
		ARD R183 R943 KM	23 H8	\$21,750.00	_	\$21,750.00	000	3 022(0)(1)
	GURABO PI Line from Sche					100% of fair market value, up to any applicable statutory limit		
		Goods and Furnish s, tables, others)	ings	\$1,500.00		\$1,500.00	11 USC	§ 522(d)(3)
	Line from Sche					100% of fair market value, up to any applicable statutory limit		
	One (1) gas			\$300.00	•	\$300.00	11 USC	§ 522(d)(3)
	Line nom Sche	edule A/D. <b>0.2</b>				100% of fair market value, up to any applicable statutory limit		
	One (1) was	hing machine		\$350.00		\$350.00	11 USC	§ 522(d)(3)
	LINE HOIH SCHE	addis AVD. 1.1				100% of fair market value, up to any applicable statutory limit		
	One (1) elec			\$40.00	•	\$40.00	11 USC	§ 522(d)(3)
		· · · · · · · · · · · · · · · · ·						

100% of fair market value, up to any applicable statutory limit

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	One (1) TV Set 40" Line from Schedule A/B 7.3	\$350.00		\$350.00	11 USC § 522(d)(3)
	Line noin schedule A/L 7.3			100% of fair market value, up to any applicable statutory limit	
	Clothing and personal effects Line from Schedule A/B 11.1	\$700.00		\$700.00	11 USC § 522(d)(3)
	Line non seriedate AVE 11.1	100% of fair market value, up to any applicable statutory limit			
	Jewelry Line from Schedule A/B: 12.1	\$400.00		\$400.00	11 USC § 522(d)(4)
	Line non ocheque ALL 12.1			100% of fair market value, up to any applicable statutory limit	
	One (1) dog mixed race Line from Schedule A/B 13.1	\$20.00		\$20.00	11 USC § 522(d)(3)
	Line noin schedule A/L 13.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3  No			on or after the date of adjustment.)	
	Yes. Did you acquire the property covered No	d by the exemption withir	า 1,21	5 days before you filed this case?	
	☐ Yes				

Ellio dello					
FIII IN THIS	information to ident	iny your case:			
Debtor 1	and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if ors have claims secured by your property?  eck this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  If in all of the information below.  It All Secured Claims  red claims. If a creditor has more than one secured claim, list the creditor separately If more than one creditor has a particular claim, list the other creditors in Part 2. As le, list the claims in alphabetical order according to the creditor 's name.  Column A  Amount of claim Do not deduct the value of collateral that supports this claim  Value of collateral that supports this claim  If any  Coop A/C Saulo D Rodriguez  (Gura Coop) Account no x4248  Savings and Shares  As of the date you file, the claim is: Check all that				
Debter 2	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
United States Ban	kruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN D	IVISION		
Case number					
(if known)					
				amend	led filing
Official Form	106D				
	-	Who Have Claims Secured	l hy Dronart	V	12/15
Scriedule	D. Creditors	Wild have claims secured	i by Fropert	у	12/13
,	have claims secured by	your property?			
`	-		nave nothing else to re	nort on this form	
_		•	lave nothing cise to re	port on this form.	
		elow.			
·			Column A	Column B	Column C
			Do not deduct the	that supports this	portion
Coon A/C	Saulo D		value of collateral.	claim	If any
		Describe the property that secures the claim:	\$11,227.00	\$10,795.10	\$431.90
Creditor's Name		Coop A/C Saulo D Rodriguez			
PO Box 67	78	As of the date you file, the claim is: Check all that apply.			
Gurabo, P	R 00778-0678	Contingent			
Number, Street,	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the del	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or secu	ured		
Debtor 2 only		car loan)			
☐ Debtor 1 and Del	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of th	e debtors and another	☐ Judgment lien from a lawsuit			
Check if this cla		Other (including a right to offset)			
Date debt was incu	rred 2014-10-14	Last 4 digits of account number 1014			

Debtor 1	JOSE MANUEL	CASTRO GONZALEZ		Case number (if known)	
	First Name	Middle Name	Last Name		

2.2 Empresas Berrios Inc	Describe the property that secures the claim:	\$76.00	\$0.00	\$76.00
Creditor's Name				
DO D 454	As of the date you file, the claim is: Check all that			
PO Box 674 Cidra, PR 00739-0674	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Number, Street, City, State & Zip Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or secu	ıred		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2017-12	Last 4 digits of account number 2109			
2.3 Gura Coop	Describe the property that secures the claim:	\$6,415.00	\$10,795.10	\$6,415.00
Creditor's Name	Coop A/C Saulo D Rodriguez			
	(GuraCoop) Account no x4248			
	Savings and Shares			
PO Box 678	As of the date you file, the claim is: Check all that apply.			
Gurabo, PR 00778-0678	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	<ul> <li>An agreement you made (such as mortgage or secucar loan)</li> </ul>	ired		
Debtor 2 only	_			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
community debt	Other (including a right to offset)			
Date debt was incurred 2019-12-16	Last 4 digits of account number 1216			
2.4 Pentagon Federal Cr Un	Describe the property that secures the claim:	\$11,535.00	\$8,079.00	\$3,456.00
Creditor's Name	2009 Lexus RX 350 4WD			
	VIN no JTJGK31U699852242			
1001 N Fairfax St	As of the date you file, the claim is: Check all that			
Alexandria, VA 22314-1797	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Number, Street, City, State & Zip Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or secu	ıred		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2016-10	Last 4 digits of account number 3812			

Debtor 1 JOSE MANUEL CASTR		ase number (f known)		
First Name Middle N	lame Last Name			
2.5 Toyota Motor Credit Co	Describe the property that secures the claim:	\$8,950.00	\$7,402.00	\$1,548.00
Creditor's Name	2015 Toyota Yaris			
	VIN no VNKJTUD3XFA023903 (The			
	Debtor's cousin is using this			
	vehicle and making current			
	payments to its car loan with			
PO Box 9786	secured creditor Toyota Financial).  As of the date you file, the claim is: Check all that			
Cedar Rapids, IA	apply.			
52409-0004	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secu	ired		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt	, , ,			
Data dalet was in summed 0045 05	Last 4 digital of account number 2004			
Date debt was incurred 2015-05	Last 4 digits of account number 0001			
2.6 United Consumer Finl S	Describe the property that secures the claim:	\$1,792.00	\$1,700.00	\$92.00
Creditor's Name	One (1) Water tank/water filtration	<u> </u>	Ψ1,1 σσισσ	ψο2.00
	system			
	As of the date you file, the claim is: Check all that			
865 Bassett Rd	apply.			
Westlake, OH 44145-1142	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secu	ired		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2019-06	Last 4 digits of account number 3420			
		#22.22F.22		
Add the dollar value of your entries in Co If this is the last page of your form, add the	lumn A on this page. Write that number here:	\$39,995.00		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

Fill in this	information to identify you	ır case:			
Debtor 1	JOSE MANUEL C	ASTRO GONZA	ALEZ		
	First Name	Middle Name	Last Name	}	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	DISTRICT OF P	UERTO RICO, SAN JUAN	DIVISION	
Case numbe	r				Check if this is an amended filing
	orm 106E/F e E/F: Creditors W	'ho Have Ur	nsecured Claims		12/15
any executory Schedule G: Ex D: Creditors W the Continuation case number (i	contracts or unexpired leases xecutory Contracts and Unexpi ho Have Claims Secured by Pr on Page to this page. If you have	that could result in ired Leases (Official operty. If more spac ve no information to secured Claims	a claim. Also list executory c I Form 106G). Do not include a ce is needed, copy the Part yo o report in a Part, do not file th	Part 2 for creditors with NONPRIORITY cla ontracts on Schedule A/B: Property (Offi any creditors with partially secured claim on need, fill it out, number the entries in the at Part. On the top of any additional page	cial Form 106A/B) and on is that are listed in Schedule he boxes on the left. Attach
■ No. Go	• •	a ciamis agamst yo	u i		
☐ Yes.	TO FAIL 2.				
☐ res.					
Part 2: Li	st All of Your NONPRIORIT	Y Unsecured Clair	ms		
3. Do any cr	editors have nonpriority unsec	ured claims agains	t you?		
☐ No. Yo	u have nothing to report in this pa	art. Submit this form t	to the court with your other sche	dules.	
Yes.					
unsecured	I claim, list the creditor separately	for each claim. For e	each claim listed, identify what t	holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the	ncluded in Part 1. If more
					Total claim
	AT Mobility	Las	t 4 digits of account number	4472	\$817.70
попр	riority Creditor's Name	Whe	en was the debt incurred?		
	Box 537104				_
	inta, GA 30353-7104 per Street City State Zip Code		of the date you file, the claim	in Charle all that apply	
	incurred the debt? Check one.	AS	or the date you file, the claim	s: Спеск ан тат арру	
■ De	ebtor 1 only		Contingent		
□ De	ebtor 2 only		Unliquidated		
□ De	ebtor 1 and Debtor 2 only		Disputed		
☐ At	least one of the debtors and and		e of NONPRIORITY unsecure	d claim:	
	heck if this claim is for a comr	nunity	Student loans		
debt Is the	claim subject to offset?		Obligations arising out of a sepa ort as priority claims	ration agreement or divorce that you did no	t
■ No	0		Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Ye	es		Other. Specify		<u></u>

Aura de Puerto Rico Corp	Last 4 digits of account number	0096	\$2,65
Nonpriority Creditor's Name	When we the debt incorred?		. ,
Urb Santa Ana L7 10 Street	When was the debt incurred?		
Vega Alta, PR 00962			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify		
Claro	Last 4 digits of account number	7236	\$18
Nonpriority Creditor's Name			•
PO Box 360998	When was the debt incurred?	2016-01-19	
San Juan, PR 00936-0998			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify		
Claro	Last 4 digits of account number	9362	\$2
Claro Nonpriority Creditor's Name	_		\$2
Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	9362 2016-04-12	\$2
Nonpriority Creditor's Name PO Box 360998	_		<u>\$2</u>
Nonpriority Creditor's Name	_	2016-04-12	<b>\$</b> 2

Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify ☐ Yes

Island Finance	Last 4 digits of account number 3335	\$3,080.00
Nonpriority Creditor's Name		
DO D 74504	When was the debt incurred? 2016-05-16	
PO Box 71504		
San Juan, PR 00936-8604  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you di	id not
Is the claim subject to offset?	report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				 
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims from Part 2	6~	Obligations original syst of a consection agreement or diverse that		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 6,765.34
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 6,765.34

Fill in th	nis information to identi	fy your case:			
Debtor 1	JOSE MANUEL (	CASTRO GONZALEZ			
	First Name	Middle Name	Last Name	)	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVISION		
Case number _				Charle if the	h:= := ==
(II KIIOWII)				☐ Check if the company of the compa	
				amended	IIIIrig

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Name   Number   Street   State   ZIP Code		Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
Number   Street	2.1					
City         State         ZIP Code           2.2         Name         Number Street           City         State         ZIP Code           2.3         Name         Number Street           City         State         ZIP Code           2.4         Name         Number Street           City         State         ZIP Code           2.5         Name         Number Street		Name				<del>_</del>
Number   Street			Street			_
Number Street  City State ZIP Code  2.3  Name  Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street  Street  Street  Street  Street  State ZIP Code		City		State	ZIP Code	
Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street	2.2					
City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Name           Number         Street         Street		Name				
2.3		Number	Street			<del>_</del>
Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street		City		State	ZIP Code	<del>_</del>
Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street	2.3					
City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street		Name				_
2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street		Number	Street			<u> </u>
Number Street  City State ZIP Code  2.5  Name  Number Street		City		State	ZIP Code	
Number Street  City State ZIP Code  2.5  Name  Number Street	2.4					
City         State         ZIP Code           2.5         Name           Number         Street		Name				<del>_</del>
Number Street			Street			
Number Street		City		State	ZIP Code	
Number Street	2.5					
		Name				
City State ZIP Code		Number	Street			<u> </u>
		City		State	ZIP Code	

F	ill in this information to identi	fy your case:			
Debtor 1	First Name	CASTRO GONZALEZ  Middle Name	Last Name		
Debtor 2	First Name	Middle Nega	LastNama		
(Spouse if, fil	-	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVIS	SION	
Case num	nber				
(if known)				_	eck if this is an
				am	ended filing
Officia	l Form 106H				
Sched	dule H: Your Cod	ebtors			12/15
1. Do  No Ye  2. With Callifor	oer (if known). Answer every of you have any codebtors? (If	question.  you are filing a joint case, do  lived in a community pro  New Mexico, Puerto Rico,	not list either spouse as  perty state or territory? Texas, Washington, and	? (Community property states and terri	
	☐ Yes.				
	In which community state	or territory did you live?		Fill in the name and current addre	ess of that person.
line 2	again as a codebtor only if th , Schedule E/F (Official Form	o Code ors. Do not include your s at person is a guarantor o	or cosigner. Make sure	your spouse is filing with you. List t you have listed the creditor on Sche Schedule D, Schedule E/F, or Sche	edule D (Official Form
Colu	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The creditor to whom Check all schedules that apply:	you owe the debt
24				Cohadula D. Sa	
3.1	Name			_ ☐ Schedule D, line ☐ Schedule E/F, line	•
				☐ Schedule G, line	
	Number Street			- · · · · · · · · · · · · · · · · · · ·	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	_
	Name			☐ Schedule E/F, line	<u>—</u>
				☐ Schedule G, line	-
	Number Street City	State	ZIP Code	_	

Fill	in this information to identify your case	se.				I				
		EL CASTRO GONZA	LEZ							
ı – -	btor 2 ouse, if filing)				_					
Un	ited States Bankruptcy Court for the:	DISTRICT OF PUERT	O RICO, SAN JUAN		_					
	se number nown)					Check if this is:  An amende  A suppleme income as c	nt sho	wing		hapter 13
0	fficial Form 106I					MM / DD/ Y	YYY	-		
S	chedule I: Your Inco	me								12/15
spo atta	plying correct information. If you a puse. If you are separated and your ich a separate sheet to this form. Our 1:  Describe Employment  Fill in your employment	spouse is not filing with	n you, do not include	informa	atior	about your spous	se. If r	nore	space is nee	eded,
١.	information.		Debtor 1			Debtor 2	or no	n-filii	ng spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed  ■ Not employed			☐ Emplo	•	ed		
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed th	ere?							
Pa	rt 2: Give Details About Mont	hly Income								
	imate monthly income as of the dates you are separated.		ou have nothing to repo	ort for an	y line	e, write \$0 in the spa	ice. In	clude	your non-filin	g spouse
-	ou or your non-filing spouse have more ce, attach a separate sheet to this form	• •	ine the information for	all emplo	oyers	s for that person on t	the line	es bel	ow. If you nee	ed more
						For Debtor 1			tor 2 or g spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$	0.00	\$_		N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$	0.00	+\$		N/A	
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$	0.00	\$		N/A	

				I	For I	Debtor 1				Debtor -filing s			
	Сору	line 4 here	4.	-	\$	(	0.0	0	\$		N/A	<u> </u>	
5.	List a	all payroll deductions:										_	
	5a.	Tax, Medicare, and Social Security deductions	5a.	:	\$		0.0	0	\$		N/A	١	
	5b.	Mandatory contributions for retirement plans	5b.	;	\$		0.0		\$_		N/A		
	5c.	Voluntary contributions for retirement plans	5c.	:	\$	(	0.0	0	\$_		N/A	<u>-</u>	
	5d.	Required repayments of retirement fund loans	5d.	;	\$		0.0	0	\$		N/A	<u> </u>	
	5e.	Insurance	5e.	;	\$	(	0.0	0	\$_		N/A	<u> </u>	
	5f.	Domestic support obligations	5f.	;	\$	(	0.0	0	\$		N/A	<u> </u>	
	5g.	Union dues	5g.	;	\$		0.0	0	\$		N/A	1	
	5h.	Other deductions. Specify:	5h	+ :	\$	(	0.0	0_	+ \$_		N/A	<u>\</u>	
6.	Add 1	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	S		0.0	0_	\$_		N/A	<u>\</u>	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	·		0.0	0	\$		N/A	<u>\</u>	
8.	List a 8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	15	n n	0	\$		N/A		
	8b.	Interest and dividends	8b.		\$ 		0.0	_	\$ -		N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			* \$		0.0		\$		N/A	_	
	8d.	Unemployment compensation	8d.	;	\$		0.0	0	\$		N/A	<u> </u>	
	8e.	Social Security	8e.	;	\$	1,01	0.6	0	\$		N/A	<u> </u>	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: PAN	8f.		\$		6.0		\$_		N/A	_	
	8g.	Pension or retirement income	8g.	:	\$	25	3.1	8	\$		N/A	1	
	8h.	Other monthly income. Specify:	8h	+ :	\$		0.0	<u>0</u>	+ \$_		N/A	<u>\</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,499	9.78	8	\$_		N/	Ά	
10	Calcı	ulate monthly income. Add line 7 + line 9.	10. \$		- 1	,499.78	]+[	\$		N/A	= \$	1 /	199.78
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	_		,499.70	] [	Ψ-		IN/A	]	1,4	199.70
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your difriends or relatives. of include any amounts already included in lines 2-10 or amounts that are not avify:	lepender		•					dule J. 11.	+\$		0.00
12.	Add 1	the amount in the last column of line 10 to the amount in line 11. The res	sult is the	e cr	ombi	ned mont	hlv	inc	ome.		_		
		that amount on the Summary of Schedules and Statistical Summary of Certain								es 12.	\$ Comb month	ined	199.78
13.	Do yo	ou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	?									,	

Fill	n this information to identify your case:			
Deb	JOSE MANUEL CASTRO GONZALEZ		heck if this is:	
Deb		1	An amended filing	Samuelanda etti allanda etti antan 40
	ouse, if filing)		A supplement show expenses as of the	ring postpetition chapter 13 following date:
l	PIOTRIOT OF BUEDTO BIOG.			
Unit	ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SA DIVISION	AN JUAN	MM / DD / YYYY	
	e number nown)			
(				
Of	ficial Form 106J			
	chedule J: Your Expenses			12/15
	as complete and accurate as possible. If two married people are	filing together, both are eg	ually responsible for s	
info	rmation. If more space is needed, attach another sheet to this fo nown). Answer every question.			
Par	1: Describe Your Household			
1.	Is this a joint case?			
	■ No. Go to line 2.			
	☐ Yes. Does Debtor 2 live in a separate household?			
	<ul><li>□ No</li><li>□ Yes. Debtor 2 must file Official Form 106J-2, Expenses form</li></ul>	or Separate Householdof De	btor 2.	
2.	Do you have dependents? ■ No			
۷.		Danandantia valatianahin t	Danandantia	Dago damandant
	Do not list Debtor 1 and  Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No
				☐ Yes
				□ No
				☐ Yes
				□ No □ Yes
3.	Do your expenses include ■ No			□ res
0.	expenses of people other than			
	yourself and your dependents?			
	2: Estimate Your Ongoing Monthly Expenses			
	mate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a supple			
app	licable date.			
	ude expenses paid for with non-cash government assistance if y			
	ue of such assistance and have included it on Schedule I: Your II icial Form 1061.)	ncome	Your exp	enses
(0	15001 15000			
4.	The rental or home ownership expenses for your residence. Ind	clude first mortgage	Φ.	0.00
	payments and any rent for the ground or lot.	4	. \$	0.00
	If not included in line 4:			
	4a. Real estate taxes	4a	ı. <b>\$</b>	0.00
	4b. Property, homeowner's, or renter's insurance		. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses		. \$	0.00
_	4d. Homeowner's association or condominium dues		. \$	0.00
5.	Additional mortgage payments for your residence, such as hom	e equity loans 5	. \$	0.00

CASTRO GONZALEZ, JOSE MANUEL	Case num	ber (if known)	
ities:			
	6a.	\$	65.00
	6b.	\$	84.00
		· : ————	33.00
		·	15.00
		·	480.18
. •		*	0.00
		·	45.00
		·	87.00
		·	0.00
•	• • • • • • • • • • • • • • • • • • • •	<u> </u>	0.00
	12.	\$	217.00
	13.	\$	50.00
ritable contributions and religious donations	14.	\$	0.00
•			
not include insurance deducted from your pay or included in lines 4 or 20.			
Life insurance	15a.	\$	0.00
. Health insurance	15b.	\$	23.60
. Vehicle insurance	15c.	\$	0.00
. Other insurance. Specify:	15d.	\$	0.00
es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
cify:	16.	\$	0.00
	17a.		0.00
		\$	0.00
	17c.	\$	0.00
	17d.	\$	0.00
		¢	0.00
	i). 10.		
	40	<b>э</b>	0.00
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			0.00
		· ·	0.00
		·	0.00
		·	0.00
			0.00
ы. эреспу. 		-Ψ	0.00
culate your monthly expenses			
. Add lines 4 through 21.		\$	1,099.78
. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	l <b>-</b> 2	\$	
. Add line 22a and 22b. The result is your monthly expenses.		\$	1,099.78
	00-	Φ.	4 400 70
, ,		·	1,499.78
. Copy your monthly expenses from line 22c above.	23b.	-\$	1,099.78
Subtract your monthly expenses from your monthly income			
	23c.	\$	400.00
,			
	your mortgage p	payment to increase	or decrease because of a
No.			
	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Gas (stove) d and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books uritable contributions and religious donations urance. Life insurance Health insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: alliment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Ir payments for Vehicle 2 Other. Specify: Ir payments of allimony, maintenance, and support that you did not report ucted from your pay on line 5, Schedule I, Your Income (Official Form 106 er payments you make to support others who do not live with you. cify: Ir payments of allimony, maintenance, and support that you did not report ucted from your pay on line 5, Schedule I, Your Income (Official Form 106 er payments you make to support others who do not live with you. cify: Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: culate your monthly expenses Add line 22 and 22b. The result is your monthly expenses. Cupy line 12 (your combined monthly income) from Schedule I. Copy line 22 (monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy ur monthly net income. Subtract your monthly expenses from line 22c above. Subtract your monthly expenses from your expenses within the year after example, do you expect to finish paying for your car loan within the year of do you expect	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: Gas (stove) d and housekeeping supplies (dadre and children's education costs thing, laundry, and dry cleaning sonal care products and services 10. Sical and dental expenses sonal care products and services 11. Insportation. Include gas, maintenance, bus or train fare. not include car payments. 12. retrainment, clubs, recreation, newspapers, magazines, and books 13. ritiable contributions and religious donations 14. rance. 15a. Health insurance deducted from your pay or included in lines 4 or 20. Life insurance 15b. Vehicle insurance deducted from your pay or included in lines 4 or 20. offy: 16c. 27c. 28c. 28c. 28c. 28c. 28c. 28c. 28c. 28	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6c. \$ Other. Specify: Gas (stove) 6d. \$ d and housekeeping supplies 7. \$ Idcare and children's education costs 8. \$ Iding, laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ Idia laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ Idia laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ Idia laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ Idia land dental expenses 11. \$ seportation, Include gas, maintenance, bus or train fare. 10 include car payments. 12. \$ sertainment, clubs, recreation, newspapers, magazines, and books 13. \$ sertainment, clubs, recreation, newspapers, magazines, and books 14. \$ sertainment, clubs, recreation, newspapers, magazines, and books 13. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 14. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 15. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 16. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 17. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 18. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 18. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 19. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 19. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 19. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 11. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 11. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 11. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 11. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 12. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 13. \$ sertainment, clubs, recreation, pewspapers, magazines, and books 14. \$ sertainment, clubs, recr

Fill in this inf	formation to identify yo	our case.			
Debtor 1		SASTRO GONZALEZ			
Debior	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	nkruptcy Court for the:	DISTRICT OF PUERTO	O RICO, SAN JUAN DIVIS	SION	
Case number(if known)					☐ Check if this is an amended filing
Official Form  Declarati	-	ın Individua	l Debtor's Se	chedules	12/15
If two married peo	ople are filing together.	both are equally respon	nsible for supplying corre	ect information.	
obtaining money		connection with a bank			ent, concealing property, or or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an attor	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. Na	ame of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	y of perjury, I declare t	that I have read the sum	mary and schedules filed	d with this declaration a	and
X /s/ JOS	E MANUEL CASTRO	O GONZALEZ	X		
JOSE N	MANUEL CASTRO G e of Debtor 1		Signature of	Debtor 2	

Date \_\_\_\_

Date February 14, 2020

	Fill in this information to identify your	case:			
Deb	otor 1 JOSE MANUEL CASTR				
Doc	<u> </u>	Middle Name	Last Name		
	otor 2 use if, filing) First Name	Middle Name	Last Name		
Unit	ted States Bankruptcy Court for the: DIST	RICT OF PUERTO RIC	O, SAN JUAN DIVISION		
Cas	se number				
	own)	<del></del>		_	heck if this is an mended filing
Of	ficial Form 106Sum				
	mmary of Your Assets and L	iabilities and C	Certain Statistical Information	n	12/15
Be a	s complete and accurate as possible. If two rmation. Fill out all of your schedules first; r original forms, you must fill out a new Sur	married people are fill then complete the info	ing together, both are equally responsible rmation on this form. If you are filing ame	for supply	
					ur assets ue of what you own
1.	Schedule A/B: Property (Official Form 106. 1a. Copy line 55, Total real estate, from Sch	A/B) redule A/B		\$	21,750.00
	1b. Copy line 62, Total personal property, from	om Schedule A/B		\$	31,636.10
	1c. Copy line 63, Total of all property on Sch	nedule A/B		\$	53,386.10
Par	t2: Summarize Your Liabilities				
					ur liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Se 2a. Copy the total you listed in Column AAm			\$	39,995.00
3.	Schedule E/F: Creditors Who Have Unsecur 3a. Copy the total claims from Part 1 (priorit	,	106E/F) m line 6e <b>3</b> chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpe	riority unsecured claims)	from line 6j d3chedule E/F	\$	6,765.34
			Your total liabili	ties \$	46,760.34
Par	3: Summarize Your Income and Expens	ses			
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from li			\$	1,499.78
5.	Schedule J: Your Expenses (Official Form 1) Copy your monthly expenses from line 22c of			\$	1,099.78
Par	t 4: Answer These Questions for Adminis	strative and Statistical	Records		
6.	Are you filing for bankruptcy under Chap  No. You have nothing to report on this part of the part of t		s box and submit this form to the court with yo	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?				

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_\_489.18

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

		-ill in this	information to identi	fy your case:						
Del	btor 1		JOSE MANUEL First Name	IUEL CASTRO GONZALEZ						
Dal	btor 2	)	FIRST Name	Middle Name		Last Name				
1	ouse if,		First Name	Middle Name		Last Name				
Uni	ited S	States Ban	kruptcy Court for the:	DISTRICT OF PUERTO	RICO, S	AN JUAN DIVISION				
	se nu nown)	mber						☐ Check if this is an amended filing		
Sta Be a	ate	ment	nd accurate as possil	Affairs for Indivi	re filing	together, both are e	equally responsible f			4/19
			r every question.	attach a separate sheet to		i. On the top of any	additional pages, wi	ne your n	ame and case m	annoci
Pai	rt 1:	Give D	etails About Your Ma	rital Status and Where You	u Lived E	Before				
1.	What is your current marital status?									
	П	□ Married								
		Not married								
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	Del	btor 1 Prid	or Address:	Dates Debtor 1 there	lived	Debtor 2 Prior Ac	ddress:		Dates Debtor 2 lived there	2
<b>3.</b> state	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property es and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)									
		No Yes. Mak	se sure you fill out Sch	edule H: Your Codebtors (Of	ficial Forr	m 106H).				
Par	rt 2	Explain	the Sources of You	r Income						
4.	Fill i	n the total	amount of income yo	nployment or from operatir u received from all jobs and lave income that you receive	all busine	esses, including part-	time activities.	us calenda	ar years?	
	■ No									
		Yes. Fill in the details.								
				Debtor 1			Debtor 2			
				Sources of income Check all that apply.	(befo	ss income ore deductions and usions)	Sources of incon Check all that app		Gross income (before deductional exclusions)	ions

**Total amount** 

paid

Amount you

still owe

Dates of payment

Was this payment for ...

Creditor's Name and Address

De	DIOI I CASTRO GUNZALEZ, JUSE MA	ANUEL	Cas	e number (if known)		
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general partr which you are an officer, director, person in con business you operate as a sole proprietor. 11 U	ners; relatives of any general atrol, or owner of 20% or mor	l partners; partnershi e of their voting secu	ps of which you are rities; and any man	e a general partr aging agent, inc	ner; corporations of cluding one for a
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosig		nents or transfer ar	ny property on ac	count of a deb	t that benefited an
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment tor's name
Pa	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes.	cy, were you a party in any				
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	The Debtor as part of the heirs of Sucesion Castro and Sucesion Gonzalez, and holding a 1/4th property interest in a real property located at Celada Ward Los Melendez Gurabo, Puerto Rico, has a pending claim (administrative/judicial) against a neighbor for	"Right of Way"("Servidumb re de paso").	First Instance PR/Caguas Su Caguas First Ir Judicial Cente Caguas, PR 00	perior nstance r	■ Pending □ On appea □ Conclude	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.		rty repossessed, fo	reclosed, garnish	ed, attached, s	eized, or levied?
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property  Explain what happened		Date		Value of the property
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.			ounts from your		
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an No Yes		ty in the possessio			of creditors, a

Case number (if known)

CASTRO GONZALEZ, JOSE MANUEL

Debtor 1

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

Type of account or

instrument

■ No

п

Code)

☐ Yes. Fill in the details.

Yes. Fill in the details.

Name of Financial Institution and

Address (Number, Street, City, State and ZIP

Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Describe the contents have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Last 4 digits of

account number

No

Yes. Fill in the details.

Name of Storage Facility
Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Date account was

closed, sold,

moved, or transferred

Do you still have it?

Last balance before

closing or transfer

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

Deb	otor 1	CASTRO GONZALEZ, JOSE MANUI	<u>EL</u>	Case number (if known)	
	some	eone.			
		No			
		Yes. Fill in the details.			
	_	ner's Name Iress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10:	Give Details About Environmental Informa	ation		
For	the p	urpose of Part 10, the following definitions a	apply:		
	toxic	ronmental law means any federal, state, or less substances, wastes, or material into the air rolling the cleanup of these substances, wa	r, land, soil, surface water, groundw	•	
		means any location, facility, or property as operate, or utilize it, including disposal site		aw, whether you now own, operate, o	or utilize it or used to
	Haza	ardous material means anything an environi erial, pollutant, contaminant, or similar term	mental law defines as a hazardous v	waste, hazardous substance, toxic s	ubstance, hazardous
Ren		notices, releases, and proceedings that yo		hev occurred	
·		any governmental unit notified you that you		•	ontal law?
Z <del>.</del>	_	, ,	a may be hable of potentially hable	under of in violation of an environm	entariaw:
		No Yes. Fill in the details.			
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of any	release of hazardous material?		
		No			
	_	Yes. Fill in the details.			
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or adminis	strative proceeding under any envir	onmental law? Include settlements a	and orders.
	_	No			
	_	Yes. Fill in the details.			
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11·	Give Details About Your Business or Con	·		
		in 4 years before you filed for bankruptcy, o		, of the following connections to an	, business?
21.	with	☐ A sole proprietor or self-employed in a t	•	•	/ business ?
		☐ A member of a limited liability company			
		☐ A partner in a partnership	(LLO) or initited hability partnership	γ (LLF)	
		☐ An officer, director, or managing execut	ive of a cornoration		
		An owner of at least 5% of the voting or	·		

ĺ	No. None of the above applies. Go to P	art 12.					
	☐ Yes. Check all that apply above and fill in the details below for each business.						
	Business Name	Describe the nature of the business	Employer Identification number				
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.				
		·	Dates business existed				
	Within 2 years before you filed for bankruptoinstitutions, creditors, or other parties.	cy, did you give a financial statement to any	one about your business? Include all financial				
	No						
I	☐ Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Part	12: Sign Below						
true a bankı 18 U.S		statement, concealing property, or obtaining	clare under penalty of perjury that the answers are ng money or property by fraud in connection with a oth.				
	SE MANUEL CASTRO GONZALEZ ature of Debtor 1	Signature of Debtor 2					
Date	February 14, 2020	Date					
Did y ■ No □ Ye		nt of Financial Affairs for Individuals Filing f	for Bankruptcy (Official Form 107)?				
•	ou pay or agree to pay someone who is not	an attorney to help you fill out bankruptcy f	forms?				
■ No							
□ Ye	es. Name of Person Attach the Bankrup	ntcy Petition Preparer's Notice, Declaration, and	d Signature (Official Form 119).				

Case number (if known)

Debtor 1 CASTRO GONZALEZ, JOSE MANUEL

Fill in this information to identify your case:				
Debtor 1	JOSE MANUEL CASTRO GONZALEZ			
Debtor 2 (Spouse, if filing)				
United States Ba	ankruptcy Court for the:	District of Puerto Rico, San Juan Division		
Case number(if known)				

Check	Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

page	s, write	your name and case number (if known).								
Part	t 1:	Calculate Your Average Monthly Income								
1.	What i	s your marital and filing status? Check one	only.							
	■ Not	married. Fill out Column A, lines 2-11.								
	☐ Ma	rried. Fill out both Columns A and B, lines 2-	11.							
10 6	01(10A). months,	average monthly income that you received from For example, if you are filing on September 15, the add the income for all 6 months and divide the total ame rental property, put the income from that prope	6-month period by 6. Fill in the	od would ne result.	be Mar Do not	ch 1 throug	gh August 31 y income am	. If the amo ount more t	unt of your monthly income than once. For example, if the	varied during the
							Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.		pross wages, salary, tips, bonuses, overtime deductions).	e, and com	missio	ns (bef	ore all	\$	0.00	\$	
3.		<b>ny and maintenance payments.</b> Do not inclu n B is filled in.	de payment	s from a	a spou	se if	\$	0.00	\$	
4.	of you from a roomm	ounts from any source which are regularly or your dependents, including child support unmarried partner, members of your househoustes. Do not include payments from a spouse on line 3	ort. Include old, your dep	regular endents	contrib , parer	outions nts, and	\$	0.00	\$	
5.		come from operating a business, sion, or farm	Debtor 1	I						
	Gross	receipts (before all deductions)	\$	0.00						
	Ordina	ry and necessary operating expenses	-\$	0.00						
	Net mo	onthly income from a business, profession, or	farm \$	0.00	Copy	here ->	\$	0.00	\$	
6.	Net in	come from rental and other real property	Debtor 1							
	Gross	receipts (before all deductions)	\$		0.00					
	Ordina	ry and necessary operating expenses	-\$		0.00					
	Net mo	onthly income from rental or other real	\$	15	0.00	Copy here -> \$	S	150.00	\$	

7. Interest, dividends, and royalties \$ 0.00 \$  8. Unemployment compensation \$ 0.00 \$  8. Unemployment compensation \$ 0.00 \$  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you \$ 1,010.60 \$  For your spouse \$ 0.00 \$  Pension or retrement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, amount, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed sentions. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received any retried pay gaid under chapter 61 of the uniformed sentices. If you received a senting of the uniformed sentices. If necessary, list other sources on a separate page and put the folds below.  PAN \$ 86.00 \$  PAN \$ 86.00 \$  \$ 0.000 \$  1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  PAN \$ 88.00 \$  You are married and your spouse is filling with you. Fill in 0 below.  You are married and your spouse is filling with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.  If this adjustment doe						Column A Debtor 1		Column B Debtor 2 c non-filing	or	
Do not erter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here.  For you spouse  For your spouse  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, comba-t-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of that title.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a wort crime, a other against humanity or international or domestic terrorism, or discretion and of the sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a wort crime, a other against humanity or international or domestic terrorism,	7.	Interest	, dividends, and royalties			\$	0.00	\$		
Social Security Act. Instead, list it here: For your spouse  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combar-teitabled injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of this 10, then include that pay only to the sentent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of the title.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a compensation, pension, pay, annuity or allowance paid by the United States Government in connection with a disability, combar-teribled injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  PAN  PAN  S 86.00 \$  S 0.00 \$  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  PAN S 0.00 \$  12. Copy your total average monthly income from line 11.  S 489.18  Total arwangements and your spouse is filling with you. Fill in 0 below.  You are married and your spouse is filling with you. Fill in the amount of the income listed in line 11. Column B, that was NOT regularly paid for the household expenses of you or your depende such as apparent of the spouse's tax licibility or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.  If this adjustment does not apply, enter 0 below	8.	Unempl	oyment compensation			\$	0.00	\$		
Pansion or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combar-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired pay paid under chapter 61 of that title.  10. Incomer from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, amulty, or allowance paid by the United States Government in connection with a disability, combar-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  PAN  \$ 86.00 \$  PAN  \$ 86.00 \$  PAN  \$ 86.00 \$  Total amounts from separate pages, if any.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Capy your total average monthly income from line 11.  \$ 489.18  Total average monthly are not married. Fill in 0 below.  You are married and your spouse is filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependence such as payment of the spouse's tax lability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments or a separate page.  If this adjustment				unt received was a ber	nefit under the					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except a stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 51 of title 10, then include that pay only to the extent that it dose not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that 101.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  PAN  \$ 86.00 \$  \$ 0.00 \$  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  2 489.18  12. Copy your total average monthly income from line 11.  3 Calculate the marital adjustment. Check one:  1 You are not married. Fill in 0 below.  1 You are married and your spouse is filing with you.  2 Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependence as separate page.  2 If this adjustment does not apply, enter 0 below.  3 \$  4 \$  5 \$  6 \$  7 total  5 \$  7 total  5 \$  7 total  7 total  5 \$  7 total  7 total  7 total  7 total  7 total  7 total prevent monthly income for the year. Follow these steps:		For yo	DU	\$1,	010.60					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except a stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 51 of title 10, then include that pay only to the extent that it dose not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that 101.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  PAN  \$ 86.00 \$  \$ 0.00 \$  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  2 489.18  12. Copy your total average monthly income from line 11.  3 Calculate the marital adjustment. Check one:  1 You are not married. Fill in 0 below.  1 You are married and your spouse is filing with you.  2 Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependence as separate page.  2 If this adjustment does not apply, enter 0 below.  3 \$  4 \$  5 \$  6 \$  7 total  5 \$  7 total  5 \$  7 total  7 total  5 \$  7 total  7 total  7 total  7 total  7 total  7 total prevent monthly income for the year. Follow these steps:		For yo	our spouse	\$						
not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  PAN  PAN  S 86.00 \$  0.00 \$  Total amounts from separate pages, if any.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Copy your total average monthly income from line 11.  S 489.18  Total average monthly income from line 11.  Calculate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filling with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.  If this adjustment does not apply, enter 0 below.  \$ 0.00  Copy heres> - 0.00  489.18  5 489.18  Total  Your current monthly income. Subtract line 13 from line 12.	9.	Pension under the include a Governm a member 61 of title of retired	n or retirement income. Do not include any e Social Security Act. Also, except as stated any compensation, pension, pay, annuity, or nent in connection with a disability, combat-r er of the uniformed services. If you received e 10, then include that pay only to the extent d pay to which you would otherwise be entitle	amount received that in the next sentence, allowance paid by the elated injury or disabili any retired pay paid ur that it does not exceed	do not United States ity, or death of nder chapter d the amount	\$	253.18	\$		
Total amounts from separate pages, if any.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Copy your total average monthly income from line 11.  13. Calculate the marital adjustment. Check one:  14. Your current monthly income. Subtract line 13 from line 12.  15. Calculate your current monthly income. Subtract line 13 from line 12.	10.	not inclu victim of compens Governm a membe	de any benefits received under the Social Se a war crime, a crime against humanity, or in sation, pension, pay, annuity, or allowance penent in connection with a disability, combat-rer of the uniformed services. If necessary, list	ecurity Act; payments in ternational or domestically the United State elated injury or disabili	received as a c terrorism; or es ity, or death of					
Total amounts from separate pages, if any.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Copy your total average monthly income from line 11.  13. Calculate the marital adjustment. Check one:  1489.18  150.00  160.00  170.00  180.00			PAN			\$	86.00	\$		
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.    \$\frac{489.18}{\text{ 489.18}} \]   \$\frac{489.18}{\text{ Total average monthly income from line 11.}} \$\frac{489.18}{\text{ 489.18}} \]   \$\frac{489.18}{\text{ Total average monthly income from line 11.}} \$\frac{489.18}{\text{ 489.18}} \]   \$\frac{489.18}{\text{ 489.18}} \]						\$	0.00	\$		
each column. Then add the total for Column A to the total for Column B.    Sample			Total amounts from separate pages, if any.		+	\$	0.00	\$		
Determine How to Measure Your Deductions from Income  12. Copy your total average monthly income from line 11.  13. Calculate the marital adjustment. Check one:  14. Your current monthly income. Subtract line 13 from line 12.  15. Calculate your current monthly income. Subtract line 13 from line 12.  16. Calculate your current monthly income for the year. Follow these steps:	11.				sor \$	489.18	+ \$ _			
You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your depende such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.  If this adjustment does not apply, enter 0 below.  \$ \$  Total  \$ 0.00  Copy here⇒  - 0.00  \$ 489.18  Total  Calculate your current monthly income for the year. Follow these steps:	Part	<b>2</b> : D	Determine How to Measure Your Deduction	ons from Income						
<ul> <li>You are married and your spouse is filing with you. Fill in 0 below.</li> <li>You are married and your spouse is not filing with you.</li> <li>Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your depende such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.</li> <li>Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.</li> <li>If this adjustment does not apply, enter 0 below.</li> <li>\$ \$ \$</li> <li>Total</li> <li>\$ \$ 0.00</li> <li>Copy here⇒</li> <li>\$ 489.18</li> <li>Calculate your current monthly income for the year. Follow these steps:</li> </ul>	12. 13.	Copy yo	our total average monthly income from lite the marital adjustment. Check one:	ne 11.					\$	489.18
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your depende such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments of a separate page.  If this adjustment does not apply, enter 0 below.  \$ \$  Total  \$ 0.00  Copy here=>  - 0.00  \$ 489.18		■ You	u are not married. Fill in 0 below.							
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Total \$ 0.00 Copy here=> - 0.00  14. Your current monthly income. Subtract line 13 from line 12.  15. Calculate your current monthly income for the year. Follow these steps:		Fill suc Bel a s	in the amount of the income listed in line 1 ch as payment of the spouse's tax liability or low, specify the basis for excluding this incorporate page.	Column B, that was the spouse's support of me and the amount of	of someone oth	ner than yo	u or your d	ependents.		
Total \$ 0.00 Copy here=> - 0.00  14. Your current monthly income. Subtract line 13 from line 12.  15. Calculate your current monthly income for the year. Follow these steps:		If th	nis adjustment does not apply, enter 0 below	'. 	\$					
Total \$ 0.00 Copy here=> - 0.00  14. Your current monthly income. Subtract line 13 from line 12.  15. Calculate your current monthly income for the year. Follow these steps:					\$					
14. Your current monthly income. Subtract line 13 from line 12.  \$ 489.18  15. Calculate your current monthly income for the year. Follow these steps:					<del></del>					
15. Calculate your current monthly income for the year. Follow these steps:			Total		\$	0.	. <u>00</u> c	opy here=>		0.00
400.40	14.	Your c	current monthly income. Subtract line 13	from line 12.					\$	489.18
	15.								\$	489.18

Debtor 1	CASTRO GONZALEZ, JOSE MANUEL	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		<b>x</b> 12
15	o. The result is your current monthly income for the year for this part	t of the form.	\$5,870.16

16	. Calcula	te the median family income that applies to	you. Follow these steps:		
	16a. Fill	in the state in which you live.	PR		
	16b. Fill	in the number of people in your household.	1		
		in the median family income for your state and find a list of applicable median income amount			24,261.00
		tructions for this form. This list may also be ava		eparate	
17	. How do	the lines compare?			
	17a.		On the top of page 1 of this form, check box T fill out <i>Calculation of Your Disposable Inco</i>		letermined under 11
	17b.	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disposable Income (Office		
Par	3: C	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
8.	Сору у	our total average monthly income from line	11	\$	489.18
19.	that calc	the marital adjustment if it applies. If you are culating the commitment period under 11 U.S.C. copy the amount from line 13.			
	19a. If th	ne marital adjustment does not apply, fill in 0 o	n line 19a.	-\$	0.00
	19b. <b>Su</b>	btract line 19a from line 18.		\$	489.18
20.	Calcula	te your current monthly income for the year	Follow these steps:		
	20a. Co	py line 19b			489.18
	Mu	ultiply by 12 (the number of months in a year).		_	<b>x</b> 12
	20b. Th	e result is your current monthly income for the y	ear for this part of the form	4	5,870.16
	20c. Co	py the median family income for your state and	size of household from line 16c		24,261.00
	21. <b>Ho</b>	w do the lines compare?			
	-	Line 20b is less than line 20c. Unless otherw is 3 years. Go to Part 4.	se ordered by the court, on the top of page 1	of this form, check box 3, Th	ne commitment peri
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	less otherwise ordered by the court, on the to	op of page 1 of this form, che	ck box 4, The
ar	t 4: S	Sign Below			
	By signi	ng here, under penalty of perjury I declare that t	ne information on this statement and in any at	tachments is true and correc	t.
>	( /s/ JO	SE MANUEL CASTRO GONZALEZ			
		MANUEL CASTRO GONZALEZ ure of Debtor 1			
	Date <b>F</b>	ebruary 14, 2020			
		IM / DD / YYYY necked 17a, do NOT fill out or file Form 122C-2			
		necked 17b, fill out Form 122C-2 and file it with		r current monthly income fro	ım line 14 ahove

Certificate Number: 15725-PR-CC-034083268



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on February 12, 2020, at 12:47 o'clock PM EST, Jose Manuel Castro Gonzalez received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 12, 2020

By: /s/Jeffrey Figueroa

Name: Jeffrey Figueroa

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court District of Puerto Rico, San Juan Division

In r	e CASTRO GONZALEZ, JOSE MANUEL		Case N		
		Debtor(s)	Chapte	r <u>13</u>	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	ORNEY FOR	R DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	ng of the petition in bankruptc	y, or agreed to be	paid to me, for service	
	For legal services, I have agreed to accept		\$	4,000.00	
	Prior to the filing of this statement I have received		\$	132.00	
	Balance Due		\$	3,868.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.				
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.				
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	<ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul>	ement of affairs and plan which	h may be require	d;	oankruptcy;
6.	By agreement with the debtor(s), the above-disclosed fee	e does not include the following	ng service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	y agreement or arrangement fo	or payment to me	for representation of t	he debtor(s) in
ļ	February 14, 2020	/s/ Roberto Figue	eroa-Carrasqui	llo	
7	Date	Roberto Figuero			
		Signature of Attorn RFigueroa Carra		fice PSC	
		PO Box 186			
		Caguas, PR 0072			
		(787) 744-7699 Fax: (787) 746-5294 rfc@rfigueroalaw.com			
		Name of law firm	V.CUIII		<del></del>